

## Loyola University Clinical Experience Attendance Form

It is the teacher candidate's responsibility to return this completed form to the LUC faculty supervisor.

Teacher Candidate: \_\_\_\_\_ LUC ID# \_\_\_\_\_ LUC Supervisor: \_\_\_\_\_

Program/Course: \_\_\_\_\_ Total # of Hours Required: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_ School Name: \_\_\_\_\_ Semester/Year \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Week	Dates	M	T	W	R	F	Weekly Totals
<i>Sample</i>	<i>10/12 - 10- /16</i>	<i>8:30- 11:00</i>		<i>8:30- 10:30</i>	<i>9:00- 12:00</i>		7.5
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
<b>Total Hours</b>							

\_\_\_\_\_  
Signature: Teacher Candidate

\_\_\_\_\_  
Signature: Cooperating Teacher(s)/Site Supervisor

\_\_\_\_\_  
Signature: LUC Supervisor

\_\_\_\_\_  
Signature: Cooperating Teacher(s)